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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Amerada Petroleum Corporation	
P. O. Box 668, Hobbs, New Mexico	
Reason(s) for filing: (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter or
Recompleted <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Transporter <input type="checkbox"/>	Headhead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompleted as a dual.	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well No. 2	Pool Name, including Formation Eumont	Kind of Lease Fee
Location		
Unit Letter K	1980 Feet From The South Line and 1987 Feet From The West	
Line or Section 18	Township 20-S	Range 38-E Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Amerada Petroleum Corporation	Drawer "D", Monument, New Mexico
If well produces oil or liquid, give location of tanks.	Is gas actually connected? No

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded	Date Compl. Ready to Prod. 8-22-65	Total Depth 3915'	Perf. T.D. Pkr. @ 3690'
Pool Eumont	Name of Producing Formation Queen Gas	Top Oil/Gas Pay 3145'	Tubing Depth
Perforations 3145', 3148', 3218', 3237', 3267', 3298', 3330', 3352', 3361', 3389', 3414', 3453', 3494'			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2.331	3 Hrs.	None	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Back Press.		1800#	3/4"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

APPROVED _____, 19

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

October 13, 1965

(Date)

District Superintendent

(Title)

(Signature)